
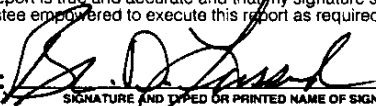


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 09

DOCUMENT # A98000002028					
1. Entity Name ARELCO PARTNERSHIP, LTD.					
Principal Place of Business 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549			Mailing Address 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01042005 Chg-LP CR2E003 (10/03) 65-0875513	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$508,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000075781		STREET ADDRESS		
NAME	LUSCO, INC.		CITY-ST-ZIP		
STREET ADDRESS	1900 LAND O'LAKES BLVD., SUITE 117				
CITY-ST-ZIP	LUTZ, FL 33549				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Date: 2/1/05 813 948-2239		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Brian D. Lussenden Pres Lusco Inc			Daytime Phone #		

STAPLE CHECK HERE